

Congress of the United States

Washington, DC 20515

Statement of Representative George R. Nethercutt, Jr.
before the Commerce Subcommittee on Health and Environment
April 11, 1997

In Support of H.R. 15, the Medicare Preventive
Benefit Improvement Act of 1997

Mr. Chairman and members of the Subcommittee, I am pleased to testify before you today in strong support of H.R. 15, the Medicare Preventive Benefit Improvement Act, and specifically in support of the diabetes benefits improvement section of the bill.

In the last session of Congress I sponsored legislation, H.R. 4264, that would accomplish the results of the diabetes portion of H.R. 15. The diabetes provisions of H.R. 15 would improve the Medicare program by providing coverage for diabetes education self-management and blood testing strips for diabetics. The importance of these measures cannot be understated.

I know from personal experience, as the father of a daughter with diabetes who was diagnosed at the young age of six, that self-management education and access to blood testing strips are crucial to controlling the costly complications of the disease. In addition, in my former position as President of the Spokane Chapter of the Juvenile Diabetes Foundation, I came in contact with hundreds of diabetics who benefitted, in terms of better health and lower costs, by learning from professionals how best to control their disease and avoid complications.

Diabetes is a very individualized disease. Each diabetic, and there are over 16 million in the United States, must learn how their own body reacts to food, exercise and insulin, and adjust accordingly. Managing diabetes requires the constant monitoring of blood glucose levels. Both insulin dependent (type I) and non-insulin dependent (type II) diabetics must vigilantly check their blood glucose levels to avoid the debilitating and costly consequences that will result from poor management. Checking one's blood glucose requires the knowledge of when to check the blood and the access to blood testing strips to conduct the tests.

The statistics associated with diabetes are staggering. It is estimated that 90 percent of diabetes-related blindness is preventable, 50 percent of kidney disease requiring dialysis is preventable, 50 percent of diabetic-related amputations are preventable and 50 percent of diabetic-related hospitalizations are preventable. Through its reimbursement system, Medicare does not encourage proper management. I am convinced that this results in higher long-term costs and I will meet with the Congressional Budget Office next week to educate them on the private sector success stories identified with preventive care.

Between 25 percent and 27 percent of the Medicare budget is spent on individuals with diabetes. Much more may be spent on individuals who have the disease but will not discover it until their symptoms progress to more serious health problems. Finally, Mr. Chairman and members of the Subcommittee, you should know that there is strong support within the House for addressing the complications of diabetes. I formed the Congressional Diabetes Caucus with Representative Furse during the last session and we now have 56 members of the House who have committed to raising the awareness level of the disease, addressing its complications and working to find a cure. I ask that a list of the Caucus members be made a part of the record.

Mr. Chairman and members of the Subcommittee, thank you for providing me with the opportunity to testify before you in support of H.R. 15.